

# Interdisciplinary Social Work Journal

Volume 1 Summer 2005  
Issue 1 Number 1

Article 4

2005

## Social Implications of Female Circumcision for Human Rights

Jonas E. Okeagu

Adegoke O. Ademiluyi

Cinyere I. Okeagu

Chinwe Onuoha

Abdirahman Y. Abokor

Follow this and additional works at: <http://digitalcommons.uncfsu.edu/iswkj>

### Recommended Citation

Okeagu, Jonas E.; Ademiluyi, Adegoke O.; Okeagu, Cinyere I.; Onuoha, Chinwe; and Abokor, Abdirahman Y. (2005) "Social Implications of Female Circumcision for Human Rights," *Interdisciplinary Social Work Journal*: Vol. 1: Iss. 1, Article 4.  
Available at: <http://digitalcommons.uncfsu.edu/iswkj/vol1/iss1/4>

This Article is brought to you for free and open access by the College of Arts and Sciences at DigitalCommons@Fayetteville State University. It has been accepted for inclusion in Interdisciplinary Social Work Journal by an authorized administrator of DigitalCommons@Fayetteville State University. For more information, please contact [xpeng@uncfsu.edu](mailto:xpeng@uncfsu.edu).

## Social Implications of Female Circumcision for Human Rights

Jonas E. Okeagu, Adegoke O. Ademiluyi, Cinyere I. Okeagu, Chinwe Onuoha and  
Abdirahman Y Abokor

*Female Circumcision is carried out for reasons that include cultural and gender identity; social and cultural control of women's sexuality and reproductive functions; beliefs about hygiene, aesthetics, health and religion. There is the fear that the girl might bring shame to the family by being sexually active and becoming pregnant before marriage. Female circumcision is a manifestation of gender-based human rights violations, which aim to control women's sexuality and autonomy. It is one of the many forms of social injustice, which women suffer worldwide. Female circumcision is an act of barbarism, savagery, torture, and maiming, which deprives women of their femininity, especially with regard to sexual sensitivity and pleasure. It is a denial of the fundamental and inherent human rights of women to an intact body, physical and mental integrity, freedom from discrimination and the highest standard of health. Cultural claims should not be invoked to justify the violation of human rights.*

### Introduction

Female circumcision refers to a range of procedures in which the female genitalia (pudendum) is cut or altered. It covers four types of genital mutilation. Sunna circumcision consists of the excision (removal) of the prepuce and/or the tip of the clitoris. Sunna is an Arabic term meaning a tradition. Clitoridectomy (also referred to as excision) consists of the removal of the entire clitoris (both prepuce and glans) and the removal of the adjacent labia. Infibulation (also referred to as pharaonic circumcision) is the most extreme form of female circumcision (Leach, 1979). It consists of the removal of the clitoris, the adjacent labia (majora and minora), and the joining of the scraped sides of the vulva across the vagina, where they are secured with torn or sewn with catgut or thread. A small opening is kept to allow the passage of urine and menstrual blood. An infibulated woman must be cut open (deinfibulated) to allow intercourse on the wedding night and is

closed again afterwards to secure fidelity to the husband. The fourth type of female circumcision is unclassified and involves pricking, piercing, stretching or incision of the clitoris and/or labia; catheterization by burning the clitoris and surrounding tissues; incision of the vaginal wall, scraping (an gurya) or cutting (gishiri cuts) of the vagina and surrounding tissues, and introduction of corrosive substances or herbs into the vagina.

Female circumcision is practiced more extensively in Sub-Saharan and northeastern Africa, along an uninterrupted belt across the center of the continent and along the length of the Nile (Hosken, 1995). Although female circumcision is illegal in many African countries, laws often go unenforced and female circumcision is still practiced either underground in private homes or clinics or by sending unsuspecting girls to the parent's home country, often under the auspices of a family vacation to be circumcised. More than 28 African countries indulge in female

circumcision, but it has spread to other parts of the world through migration. Egypt, Ethiopia, Kenya, Nigeria, Somalia and Sudan account for 75 percent of all cases, according to the World Health Organizations. An estimated 15 percent of all circumcisions performed in Africa consists of clitoridectomy or excision. The least radical procedure consists of the removal of the clitoral hood.

Although practiced primarily in Africa, female circumcision also exists in parts of Asia and the Near East. Female circumcision is currently accepted in Singapore, where Muslim women maintain that the symbolic rite is benign (Wee, 1996). In industrialized countries, female circumcision occurs predominantly among immigrants. It has been reported in Australia, Canada, Denmark, France, Italy, the Netherlands, Sweden, UK and USA. Girls living in industrialized countries are sometimes operated on illegally by doctors from their own community who are residents there. More frequently, traditional practitioners are brought in the country or girls are sent abroad to be circumcised.

The procedure may be carried out in the girl's house or the house of a relative or neighbor, in a health center, or if associated with initiation, at especially designated site, such as a particular tree or river (Lefebvre, 1994). The person performing the circumcision may be an older woman, a traditional midwife or healer, a barber, or a qualified midwife or doctor.

Circumcision may be carried out using broken glass, a tin lid, scissors, a razorblade, or some other cutting instrument (Nadya, 1994). When infibulation takes place, thorns or stitches may be used to hold the two

sides of the labia majora together and the legs may be bound together for up to 40 days. Antiseptic powder may be applied, or more usually, pastes-containing herbs, milk, eggs, ashes, or dung- which are believed to facilitate healing. The girl may be taken to especially designated place to recover, where if the circumcision has been carried out as part of an initiation ceremony, traditional teaching is impacted. For the very rich, the circumcision procedure may be performed by a qualified doctor in a hospital under local or general anesthesia.

The use of the term female circumcision may imply that it is similar to male circumcision. However, female circumcision is far more drastic and damaging than male circumcision. The degree of cutting is much more extensive, often impairing a woman's sexual and reproductive functions. Female circumcision is more similar to penisectomy (where the entire penis is removed), due to the fact that the clitoris can be compared to the penis (Moffatt, 1994).

### **The Rationale For Performing Female Circumcision**

Custom and tradition are by far the most frequently cited reasons for female circumcision in Africa (Lightfoot-Klein, 1989). Family honor, cleanliness, protection against spells, insurance of virginity and faithfulness to the husband, or simply terrorizing women out of sex are sometimes used as excuses for female circumcision. In many African countries, a girl cannot be considered an adult unless she has been circumcised. Along with other physical or behavioral characteristics, circumcision defines who is in the group. This is most obvious

where circumcision is carried out as part of the initiation into adulthood, marking the divergence of the sexes in term of their future roles in life and marriage.

For many African women who have undergone circumcision, it was an important cultural rite of passage in their lives and one, which — endured with dignity, as their mothers and great grandmothers before them — conferred enhanced social adult status. In African cultures where the opportunities for women to be honored, celebrated and recognized are few, circumcision becomes disproportionably significant, in spite of the pain it brings. The occasion is accompanied by ceremonies, plenty of food, music and merriments. For some African women, it will be the only time of their lives they eat well and become the center of attention. The removal of the clitoris and labia, viewed by some as male parts of a women's body is thought to ensure chastity and enhance femininity and beauty.

It is believed that if a woman is not circumcised, her behavior will become bad and she will run around with men. Activity of the uncircumcised female vulva frightens men and destroys crop. Women are to be shy and virtuous and not sexually aroused. When erect, the clitoris challenges male authority. It is believed in Sudan that the clitoris will grow long until it dangles between the legs, making the woman more masculine. Eventually this would lead to the arousal of the woman from her own clitoris and she would not need men anymore. Masturbation in circumcised women is less frequent (Saodary, 1980). Some groups believe that a woman's clitoris is dangerous and that if it touches a man's penis, he will die. Others believe that if the baby's head touches the clitoris during

childbirth, the baby will die.

Cleanliness and hygiene feature consistently as justification for female circumcision. To some, non-excision implies "uncleanliness" and leaves girls susceptible to health and hygiene problems. Popular terms for circumcision are synonymous with purification (tahare in Egypt; tahir in Sudan), or cleansing (sili-ji among the Barnbara, an ethnic group in Mali). In some African societies, uncircumcised women are regarded as unclean and prohibited from handling food and water. Connected with this, is the perception that uncircumcised woman's genitals are ugly and bulky, filthy and foul smelling, repulsive and dangerous to the life of emerging newborn and hazardous to the health and potency of the husband (Lightfoot-Klein, 1990).

Ideas about the health benefits of female circumcision are not unique to Africa. In 19 Century England, there were debates as to whether clitoridectomy could cure women of illness such as hysteria and excessive masturbation (Iweriebor, 1996). Clitoridectomy continued to be practiced for these reasons until well into the 20<sup>th</sup> century in the USA.

However, health benefits are not the most frequently cited reason for female circumcision in Africa. It is more likely to be because female circumcision is part of an initiation where women are taught to be strong and uncomplaining about illness. Female circumcision is believed to enhance fertility, the more extreme Africans believe that uncircumcised women cannot conceive and clitoridectomy makes childbirth safer. Uncircumcised women are considered disreputable or unprotected, low class, slaves and social outcasts (Fourcroy, 1992). It is believed that female

circumcision facilitates conception, prevents acutely dreaded malodorous vaginal discharges; prevent all manner of sickness, vaginal parasites, and the contaminations of mother's milk (Aleleeb-Abu and Sami, 1994). Female circumcision is also done as a source of protection of women against their own rampant sexuality and aggressive males (rape).

For parents, reasons for adhering to the practice range from fear of the daughter's marriageability and honor, to conformity and insistence by older relatives and the community. Most parents feel that having their daughters circumcised and healthy are in their best interest (Katumba, 1990). A few decades ago, it was still believed that the clitoris was a very dangerous part of female anatomy.

### **Human Rights Violations Associated with Female Circumcision**

The Universal Declaration of Human Rights (UDHR), the cornerstone of the human rights system asserts that all human beings are born free and equal in dignity and rights (Dorkenov, 1994). It protects the right to security of person and the right not to be subjected to cruel inhuman or degrading treatments — rights which are of direct relevance to the practice of female circumcision. The traditional interpretation of these rights has generally failed to encompass forms of violence against women such as female circumcision which is an assault on the dignity, equality and integrity of women and an affront to human rights. Female circumcision is an attempt to confer an inferior status on women by branding them with this mark which diminishes them and is a constant reminder to them that they are only

women, inferior to men, that they do not even have any rights over their own bodies or fulfillment of either bodily or personal pleasure. As one can view male circumcision as being a measure of hygiene, in the same way female circumcision is a measure of inferiorization. Female circumcision is rooted in discrimination against women. It is an instrument for socializing girls into prescribed roles within the family and community. It is therefore intimately linked to the unequal position of women in the political, social and economic structures of the societies where female circumcision is practiced. Gender-based violence is recognized as a form of discrimination, which seriously inhibits a woman's ability to enjoy the full range of rights and freedoms on basis of equality with men. Violence against women not only deprives them of their civil and political rights but also their social and economic rights. The underlying (structural) consequences of these forms of gender-based violence help to maintain women in their subordinate roles; contribute to their low level of participation and their lower level of education, skills and work opportunities (Ashworth, 1991).

Female circumcision violates the rights of the child to be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parents, legal guardians or any other person who has the care of the child (Dorkenov and Hedly, 1992). It is harmful to the welfare, normal growth and development of the child, in particular those prejudicial to the health or life of the child and discriminates against the child on grounds of sex or other status. It is a form of intolerance

and discrimination based on cultural tradition, injurious to the child's physical or mental health or full development. The right to enjoy the highest attainable standard of physical and mental health is enshrined in the International Covenant on Economic, Social and Cultural Rights. The Covenant refers to specific steps governments are obligated to take to achieve full realization of this right including measures for reducing the infant mortality and stillbirth and for the healthy development of the child.

Misconceptions about female circumcisions (such as the belief that the clitoris can damage a baby during childbirth) are perpetuated in many areas because of women's lack of access to information about their sexual and reproductive health.

Female circumcision is an issue that concerns women and men who believe in equality, dignity, and fairness of all human beings regardless of gender, race, religion or ethnic identity. It must not be seen as the problem of any group or culture, whether African, Muslim, or Christian. Female Circumcision represents a human tragedy and must not be used to set Africans against non-Africans, one religious group against the other, or even women against men (Toubia, 1988).

## Conclusion

Female circumcision triggers widespread discrimination against women, which builds upon and reinforces pre-existing fears and prejudices about poverty, gender, sex and sexuality, and frequently gives rise to intolerance and sexist discriminatory actions. Freedom from discrimination is a fundamental human right founded on principle of natural justice that are

universal and perpetual. The basic characteristics of human rights are that they inhere in individuals because they are human and they apply to people everywhere in the world (WHO, 2001). All international human rights instruments and Africa Charter prohibit discrimination based on gender or other status. The United Nations, UNICEF, and the World Health Organization have considered female circumcision to be a violation of Human Rights and have made recommendations to eradicate this practice (Hosken, 1995). All human beings regardless of race, color, gender or species, possess certain fundamental inherent and inalienable rights, including the right to determine the fate of their own body, armed with the information and diverse cultural opinions to make an educated choice. Female circumcision is a denial of human rights, a ritualized violence protected by culture, a tradition of torture, and an extreme form of oppression that treats women less than human. But torture is not culture (Walker and Parmar, 1993).

Female circumcision can lead to death. At the time the circumcision is carried out, pain, shock, hemorrhage and damage to the organs surrounding the clitoris and labia can occur. Afterwards, urine may be retained and serious infection develops. Use of the same instrument on several girls without sterilization can cause the spread of AIDS and other, sexually transmitted diseases.

More commonly, the chronic infections, intermittent bleeding, abscesses and small benign tumors of the nerve, which can result from clitoridectomy and excision cause discomfort and extreme pain (McSwiney and Saunders, 1992).

Infibulation can cause serious long-

term problems such as chronic urinary tract infections, stones in the bladder and urethra, kidney damage, reproductive tract infections resulting from obstructed menstrual flow, pelvic infections, infertility, excessive scar tissue, keloid (raised irregularly shaped, progressively enlarged scars) and dermatoid cysts (A Human Rights Information Pack, 1998). The resulting scarring and damage caused by circumcision create difficulty in both the woman's daily life, as well as during childbirth, as scar tissue is not flexible as normal tissue, and often creates prolonged childbirth, causing potential harm to both mother and child. Other side effects include painful menses, blocked urination, chronic and/or acute infections, painful or impossible intercourse, infertility, fibroids, fistula and ruptures into the urethra or rectum during sexual intercourse. It also results in added challenges for health providers performing routine pelvic examinations.

Female circumcision can make the first intercourse an ordeal for women. It can be extremely painful and even dangerous, if the woman has to be cut open. Even where this is not the case, the importance of the clitoris in experiencing sexual pleasure and orgasm suggests that circumcision involving partial or complete clitoridectomy would adversely affect sexual fulfillment (Davies, 1992).

Psychological illnesses related to female circumcision include feelings of anxiety, terror, humiliation and betrayal, all of which have long-term negative effects (Ballal, 1992). Some experts suggest that the shock and trauma of the operation may contribute to the behavior described as "calmer and docile" considered positive in societies that practice female circumcision. Festivities,

presents and special attention at the time of circumcision mitigate some of the trauma experienced, but the most important psychological effect on a woman who has survived the ordeal is the feeling that she is acceptable to her society, having upheld the traditions of her culture and made herself eligible for marriage, often the only role available to her. It is possible that a woman who did not undergo circumcision could suffer psychological problems as a result of rejection by the society.

Long-term complications of female circumcision include sexual frigidity, genital malformation, delayed menarche, chronic pelvic complications, recurrent urine retention and infection, and an entire range of obstetric complications whereas the fetus is exposed to a range of infectious diseases as well as facing risk of having her head crushed in the damaged birth canal (Hosken, 1995). In such cases, the infibulated mother must undergo another operation whereby she is opened further to insure the safe delivery of her child.

The manner in which these procedures are done is barbaric. Young girls have no idea what is to be done. They just know that something has to be cut off. Some are not even told what to expect but instead taken by surprise. They are put on their backs while a "helper" pull their legs wide apart. If the victim is young (7 years old), it may take five people to restrain her head, arms and legs. The circumcision (daya) is usually a medically untrained older woman often with defective eyesight. There are no anesthetics for the girl other than cold water to numb the pain. As the girl is being cut, she is made to lie there in excruciating pain until the procedure is done. Butter is sometimes used to stop the bleeding (Walker and

Panmar, 1996).

Female circumcision degrades the woman. She is made to feel lesser of a human being because of her gender. Female circumcision is done to control women sexually, mentally and emotionally (Kalla, 1992). It prevents them from experiencing sexual satisfaction because of delayed orgasm which may take up to three hours to achieve. When a circumcised woman is older, she will still feel like a child because her sexuality will be controlled by men as if he has no sense of responsibility. When she gets married, her husband must open her up, if infibulation was done. If he goes away on a trip or divorces her, she is again closed up. The woman cannot complain or she will be beaten up or face the risk of death. She is there only for the purpose of pleasing her husband.

Female circumcisions is cruel and serves no known medical purpose. The forced genital mutilation of young girls fits all the definitions of persecution applied to any refugee. The brutal assault by a knife on the sexual organ is persecution of the most extreme (Goodman, 1994).

## References

- Aleleeb-Abu-Sahlieh and Sami A. (1999). To Mutilate in the Name of Jehovah or Allah: Legitimization of Male and Female Circumcision, Middle East Research Associates, Ballal, Ahmed I. (1992). Psychological Effects of the Female Circumcision, Vantage Press Inc.
- Davies, J.M. (1992). Female Genital Mutilation: A Practice That Should Have Vanished. Midwives of Ritual: An Odyssey into Female

Dorkenoo, E. and Hedly, R. (1992). *Child Protection and Female Genital Mutilation: Advice for Health, Education, and Social Work Professionals*. FORWARD LTD, London.

Foureroy, J.L. (1992). The Three Feminine Sorrow, Female Genital Mutilation; Network and Message Board, <http://www.fgmnetwork.org/intr/o/world.htm>

Goodman, E. (1994). The Most Violent Assault on Females, *The Fayetteville Observer*, March 29, 1994.

Hosken, F. P. (1995). *Stop Female Genital Mutation: Women Speak; Facts and Actions Win*, News. Lexington, MA.

Ifeyinwa I. (1996). *Brief Reflections on Clitorodectomy. Black Women in Publishing*, New York, 1996, <http://www.ccu.edu/afstudy/upds.htm>

Kalla, K. A. (1992). The Socio-Cultural Forces Surrounding Female Circumcision in Northern Sudan and the Status of Women's Reproductive Health in the Region, UCLA.

Katumba, R. Kenyan, E. (1990) Defend Circumcision. Development Forum, September, 17, 1990

Leach, A.I.M., A. (1979). Thesis on the Pharaonic and Sunna Forms of Excision; as Performed on Females in the Anglo-Egyptian Sudan, Queen's University, Belfast. Lefeber, Yvonne, Midwives without Training: Practice and Beliefs of Traditional Birth Attendants in Africa, Asia, and Latin America,

Yan Gorcum, Netherlands, 1994

Lightfoot-Klein, H. (1989). Prisoners Genital Circumcision in Africa. The



- Haworth Press, New York.
- McSwiney, M.M. and Saunders, P.R. (1992). Female Circumcision: A Risk Factor in Postpartum Hemorrhage, *Journal of Postgraduate Medicine*, 38:136-137,
- Moffatt, M. (1994). African Female Genital Infibulation. University of Sydney Archives, <http://www.anatomv.usyd.edu>, May 5, 1994
- Nadya, L., (1994). Embodying Nationalism: Kikuya Women and the Politics of Sexuality. Harvard University.
- Saadat, N.E., (1980). *Hidden Face of Eve: Women in the Arab World*. Zed Books, London.
- Toubia, N., Women of the Arab World, Zed Press, London, Wee, Gillan, Female Circumcision Accepted in Singapore: Muslim Women Say the Symbolic Rite is Benign, The Fayetteville, 2002 WHO, Universal Declaration on Human Rights; International Covenant on Civil and Political Rights; International Covenant on Economic and Social Rights, Convention on Elimination of All Forms of discrimination against Women; Convention on the Rights of the Child; the African Charter, 2001
- Walker, A; and Parmar, P. (1996). *Warrior Marks: Female Genital Mutilation and the Sexual Blinding of Women*. Harvest Books.
- Jonas E. Okeagu**, is Assistant Professor in the Department of Natural Sciences, Fayetteville State University
- Adegoke O. Ademiluyi**, is Associate Professor in the Department of Government and History, Fayetteville State University
- Cinyere I. Okeagu**, BS, Board Certified Nursing, University of North Carolina at Greensboro
- Chinwe Onuoha**, MD, University of Port Harcourt, Nigeria
- Abdirahman Y. Abokor**, Ph.D., is Assistant Professor, Department of Natural Sciences, Fayetteville State University.
- Correspondence may be addressed to Dr. Jonas E. Okeagu, Department of Natural Sciences, Fayetteville State University, 1200 Murchison Road, Fayetteville, NC 28301-4298.